



Planning & Development  
Department  
CONTACT SUPPLEMENTAL



Complete applicable sections below.

**TRACKING NUMBER:**

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**LICENSED CONTRACTOR VERIFICATION**

Verify that you are a licensed contractor under ARS Title 32, Chapter 10, Article 2 by providing information below.

LICENSE NUMBER AND CLASS: _____		TRUST ACCOUNT NUMBER: _____	
TYPE OF LICENSE: Check one:	Architect <input type="checkbox"/>	Contractor <input type="checkbox"/>	Developer <input type="checkbox"/>
COMPANY NAME: _____			
STREET ADDRESS: _____			
CITY/STATE/ZIP: _____			
MAILING ADDRESS: (If different from above)			
CITY/STATE/ZIP: _____			
CONTACT PERSON 1:		TITLE: _____	
PHONE NUMBER: (    )		ALTERNATE PHONE: (    )	
CONTACT PERSON 2:		TITLE: _____	
PHONE NUMBER: (    )		ALTERNATE PHONE: (    )	
FAX NUMBER: (    )		E-MAIL: _____	

**AGENT/CONTACT INFORMATION**

BUSINESS NAME: _____	
ADDRESS: _____	
CONTACT PERSON 1:	TITLE: _____
PHONE NUMBER: (    )	ALTERNATE PHONE: (    )
CONTACT PERSON 2:	
PHONE NUMBER: (    )	ALTERNATE PHONE: (    )
FAX NUMBER: (    )	E-MAIL: _____